

For Office Use:	
Staff: _____	Date: _____
Staff: _____	Date: _____

ENROLLMENT FORM

Name: _____
First
Middle Initial
Last

Address: _____
Street Address
City
State
Zip

Primary phone number: _____ **Email:** _____

Yes, I would like to receive text messages about volunteer opportunities, event reminders and other announcements to: _____ (mobile number) (**Greater Cleveland Volunteers may provide periodic automated text messages to your mobile number. SMS, Msg & Data rates may apply. **)

Date of Birth (MM/DD/YY): _____ **Are you a US Veteran:** Yes No

Gender: Man Woman Transgender Man Transgender Woman Gender Fluid Gender Queer
 Non-Binary Other: _____

Do you need to complete required Community Service hours? Yes No

How did you hear about Greater Cleveland Volunteers? (Select all that apply):

<input type="checkbox"/> Brochure/GCV Mailings	<input type="checkbox"/> GCV Staff	<input type="checkbox"/> Radio/TV
<input type="checkbox"/> Currently Volunteering	<input type="checkbox"/> GCV Website	<input type="checkbox"/> Volunteer Match
<input type="checkbox"/> Facebook/Twitter	<input type="checkbox"/> Google/Yahoo!/Bing	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> GCV Information Table	<input type="checkbox"/> Magazine/Newspaper	<input type="checkbox"/> Other: _____

Most Recent Employer: _____ Current Former

Are you interested in: (Select all that apply) Steady assignments One-time events Remote/Virtual

I am available to volunteer: Weekdays (daytime) Weeknights (after 5) Weekends

I would like to volunteer: Weekly 2x/Month Monthly Less than Monthly

I grant Greater Cleveland Volunteers permission to publish any pictures taken of me: Yes No

HEALTH:

Do you have any health or physical limitations that prevent you from certain volunteer activities?

Yes No If so, what are those limitations? _____

Name of Emergency Contact: _____ **Phone:** _____

INSURANCE (FOR RSVP VOLUNTEERS ONLY): Volunteers, ages 55+, are covered by free excess accident insurance while traveling to and from their volunteer activities and excess accident and liability insurance while volunteering.

Name of Beneficiary: _____ **Phone:** _____

Will you drive to and from your volunteer assignments? Yes No

I agree to volunteer my services through Greater Cleveland Volunteers and understand that I am not an employee of Greater Cleveland Volunteers. Please sign this form and return it by mail or fax.

Signature: _____ **Date:** _____

Volunteer Name: _____

The following information is required by our funding sources. The information is reported in total, not by individual, and kept confidential. We ask your cooperation in answering the following questions.

How would you describe yourself? African American American Indian or Alaskan Native
 Asian Caucasian

Are you: Hispanic or Latino Native Hawaiian or Pacific Islander
 Not Hispanic or Latino

Please indicate your annual income level: Below \$11,880 Above \$11,880

To help identify the most suitable opportunities for you, please select your interests below.

Which age group(s) would you like to work with?

Infants/toddlers Children Teens Young Adults Adults Older Adults

Department	Volunteer Positions
Administrative	<input type="checkbox"/> Clerical <input type="checkbox"/> Receptionist <input type="checkbox"/> Mailings
Arts & Culture	<input type="checkbox"/> Crafts <input type="checkbox"/> Singer <input type="checkbox"/> Information Desk <input type="checkbox"/> Tour Guide <input type="checkbox"/> Musician <input type="checkbox"/> Usher
Community Support	<input type="checkbox"/> Cashier <input type="checkbox"/> Games <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Donation Sorter
Education/Youth Empowerment	<input type="checkbox"/> Athletics <input type="checkbox"/> Mentor <input type="checkbox"/> Childcare <input type="checkbox"/> Music Teacher <input type="checkbox"/> Foreign Language <input type="checkbox"/> Storytelling <input type="checkbox"/> Librarian <input type="checkbox"/> Teacher's Aide Tutor: (select all that apply) <input type="checkbox"/> ESL <input type="checkbox"/> Homework assistance <input type="checkbox"/> GED <input type="checkbox"/> Students (K-12)
Environment/Outdoor Recreation	<input type="checkbox"/> Gardening <input type="checkbox"/> Outreach <input type="checkbox"/> Information Desk <input type="checkbox"/> Sports <input type="checkbox"/> Landscaping <input type="checkbox"/> Tour Guide
Health Care Services	<input type="checkbox"/> Blood mobile worker <input type="checkbox"/> Health Aide/Nurse <input type="checkbox"/> Clinical support <input type="checkbox"/> Health Educator <input type="checkbox"/> Exercise Instruction <input type="checkbox"/> Hospice care
Social Services	<input type="checkbox"/> Crisis support <input type="checkbox"/> Helpline <input type="checkbox"/> Driver <input type="checkbox"/> Hunger relief <input type="checkbox"/> Friendly visitor <input type="checkbox"/> Mock interviewer <input type="checkbox"/> Guardian <input type="checkbox"/> Pet therapy (licensed) Assist: (select all that apply) <input type="checkbox"/> Disabled community <input type="checkbox"/> Older adults <input type="checkbox"/> Ex-offenders/prisoners <input type="checkbox"/> Refugees <input type="checkbox"/> Homeless community <input type="checkbox"/> Veterans
Specialized fields	<input type="checkbox"/> Bartender <input type="checkbox"/> Grant writing <input type="checkbox"/> Computer/Technology <input type="checkbox"/> Legal Services <input type="checkbox"/> Cosmetologist/Barber <input type="checkbox"/> Marketing <input type="checkbox"/> Fundraising <input type="checkbox"/> Massotherapy